

**Blumberg** Excelsior, Inc., Publisher, NYC 10013

[illegible]



Form B1, p.2 (04/13)

Blumberg Excelsior, Inc., Publisher, NYC 10013

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Parrotte, Todd V. Parrotte, Patricia A.	
All prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed:	Case Number	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor:	Case Number:	Date Filed:	
District	Relationship:	Judge:	
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by §342(b) of the Bankruptcy Code.  <div style="display: flex; justify-content: space-between;"> <div> <u>/s/ Patricia A. Parrotte</u>                          Signature of Attorney for Debtor(s).                     </div> <div> <u>07/22/2014</u>                          Date:                     </div> </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made part of this petition.			
Information Regarding the Debtor-Venue			
(Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business, or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this district.			
Certification by a Debtor Who Resides as a Tenant of Residential Property			
(Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
Name of landlord that obtained judgment:			
Address of landlord:			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. & 362(1)).			



Form B1, p.3 (04/13)

Blumberg Excelsior, Inc., Publisher, NYC 10013

<p><b>Voluntary Petition</b> (This page must be completed and filed in every case)</p>	<p>Name of Debtor(s): Parrotte, Todd V. Parrotte, Patricia A.</p>
<p><b>Signatures</b></p>	
<p><b>Signature(s) of Debtor(s) (Individual/Joint)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by §342(b) of the Bankruptcy Code.</p> <p>I request relief in accordance with the chapter title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Todd V. Parrotte</u> Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney) _____ Date <u>07/22/2014</u></p>	<p><b>Signature of a Foreign Representative</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by §1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to §1511 of title 11, United States Code, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ (Signature of Foreign Representative)</p> <p>_____ (Printed Name of Foreign Representative)</p> <p><u>07/22/2014</u> Date</p>
<p><b>Signature of Attorney</b></p> <p>X <u>/s/ Patricia A. Parrotte</u> Signature of Attorney for Debtor(s)</p> <p>Printed Name of Attorney for Debtor(s) Frank G. Zappala, Esq.</p> <p>Firm Name Law Office of Frank G. Zappala</p> <p>Address 142 Margaret Street Plattsburgh NY 12901</p> <p>Telephone Number 518-566-7211</p> <p>Date <u>07/22/2014</u></p> <p><small>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</small></p>	<p><b>Signature of Non-Attorney Bankruptcy Petition Preparer</b></p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor as required in that section. Official Form 19B is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. §110.)</p> <p>Address</p> <p>X _____</p> <p>Date <u>07/22/2014</u></p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.</i></p>
<p><b>Signature of Debtor (Corporation/Partnership)</b></p> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual</p> <p>_____ Printed Name of Authorized Individual</p> <p>_____ Title of Authorized Individual</p> <p>Date <u>07/22/2014</u></p>	



**UNITED STATES BANKRUPTCY COURT**

Northern **DISTRICT OF** New York

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No. (If known)

*EXHIBIT "C" If, to the best of the debtor's knowledge, the debtor owns or has possession of property that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety, attach this Exhibit "C" to the petition.*

**EXHIBIT "C" to Voluntary Petition**

1. Identify and briefly describe all real or personal property owned or in possession of the debtor that, to the best of the debtor's knowledge, poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if neccessary):

NONE

2. With respect to each parcel of real property or item of personal property identified in question 1, describe the nature and location of the dangerous condition, whether environmental or otherwise, that poses or is alleged to pose a threat of imminent and identifiable harm to the public health or safety (attach additional sheets if necessary):



**UNITED STATES BANKRUPTCY COURT**

Northern **District of** New York

In re Parrotte, Todd V.  
Parrotte, Patricia A.  
Debtor(s)

Case No.  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

Parrotte, Todd V.

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose any filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*



☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Todd V. Parrotte

Parrotte, Todd V.

Date: 07/22/2014



**UNITED STATES BANKRUPTCY COURT**

Northern **District of** New York

In re Parrotte, Todd V.  
Parrotte, Patricia A.  
Debtor(s)

Case No.  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

Parrotte, Patricia A.

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☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_

Parrotte, Patricia A.

Date: 07/22/2014



**UNITED STATES BANKRUPTCY COURT** Northern**DISTRICT OF** New York

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.  
Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

Name of Schedule	Attached (Yes/No)	Number of Sheets	Amounts Scheduled		
			Assets	Liabilities	Other
A - Real Property	x	1	79000.00		
B - Personal Property	x	5	25659.06		
C - Property Claimed as Exempt	x	2			
D - Creditors Holding Secured Claims	x	1		30233.22	
E - Creditors Holding Unsecured Priority Claims	x	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	x	15		41,991.98	
G - Executory Contracts and Unexpired Leases	x	1			
H - Codebtors	x	1			
I - Current Income of Individual Debtor(s)	x	2			2988.02
J - Current Expenditures of Individual Debtor(s)	x	3			2628.95
Total Number of Sheets of All Schedules		32			
Total Assets			104659.06		
Total Liabilities				72225.20	



Form B6, S2, (12/13)

BlumbergExcelsior, Inc., Publisher, NYC 10013

# United States Bankruptcy Court

Northern

District Of New York

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.  
Chapter 7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

### This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 6,973.11
TOTAL	\$ 6,973.11

### State the following:

Average Income (from Schedule I Line 12)	\$ 2,988.02
Average Expenses (from Schedule J, Line 22)	\$ 2,628.95
Current Monthly Income (from Form 22A Line 12; <b>OR</b> Form 22B Line 11; <b>OR</b> , Form 22C Line 20)	\$ 3,805.36

### State the following:

1. Total from Schedule D, "Unsecured Portion, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 41,991.98
5. Total from non-priority unsecured debt (sum of 1, 3, and 4)		\$ 41,991.98



Form B6 A (12/07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE A - REAL PROPERTY**

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	H W J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Primary residence - 626 Nashville Road, Saranac NY	Primary Residence	H	50,000.00	27,617.18
vacant land with barn next to primary residence	Vacant land with barn located next to primary residence	H	29,000.00	0.00
Total ->			\$79,000.00	(Report also on Summary of Schedules)



In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
01 Cash on hand		cash on hand	J	25.00
02 Checking savings or other financial accounts certificates of deposit or shares in banks savings and loan thrift building and loan and homestead associations or credit unions brokerage houses or cooperatives.		Dannemora Federal Credit Union Account No.: 700891	W	5.00
		Georgia Pacific Community Federal Credit Union Account No.: 792300 - Regular Draft, Reg. Share, and Christmas Club	J	258.95
03 Security Deposits with public utilities telephone companies landlords and others.	x			
04 Household goods and furnishings including audio video and computer equipment.		Miscellaneous household furnishings located a primary residence	J	1,500.00
05 Books; pictures and other art objects; antiques; stamp coin record tape compact disc and other collections or collectibles.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				1,788.95

Continuation sheets attached

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
06 Wearing apparel.		Every Day Clothing	J	500.00
07 Furs and jewelry.	x			
08 Firearms and sports photographic and other hobby equipment.	x			
09 Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	x			
10 Annuities. Itemize and name each issuer.	x			
11 Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1) Give particulars.(file separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	x			
12 Interests in IRA ERISA Keogh or other pension or profit sharing plans. Give particulars.		401K plan through employer	H	20,298.11
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				22,587.06

Continuation sheets attached



Form B6 B (12/07)

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
13 Stock and interest in incorporated and unincorporated businesses. Itemize.	x			
14 Interest in partnerships or joint ventures. Itemize.	x			
15 Government and corporate bonds and other negotiable and non-negotiable instruments.	x			
16 Accounts receivable.	x			
17 Alimony maintenance support and property settlements to which the debtor is or may be entitled. Give particulars.	x			
18 Other liquidated debts owing debtor including tax refunds. Give particulars.	x			
19 Equitable or future interests life estates and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A of Real Property.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				22,587.06

Continuation sheets attached



Form B6 B (12/07)

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
20 Contingent and non-contingent interests in estate of a decedent death benefit plan life insurance policy or trust.	x			
21 Other contingent and unliquidated claims of every nature including tax refunds counterclaims of the debtor and rights to setoff claims. Give estimated value of each.	x			
22 Patents copyrights and other general intellectual property. Give particulars.	x			
23 Licenses franchises and other general intangible. Give particulars.	x			
24 Customer lists or compilations containing personally identifiable information (as defined in 11U.S.C. §101(41A)) provided by individuals connected with obtaining product or service from the debtor primarily for personal family or household purposes.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				22,587.06

Continuation sheets attached



In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	W H J C	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
25 Automobiles trucks trailers and other vehicles and accessories.		2006 Yamaha 4 wheeler	W	2,045.00
		1999 Ford Explorer	W	1,027.00
26 Boats motors and accessories.	x			
27 Aircraft and accessories.	x			
28 Office equipment furnishings and supplies.	x			
29 Machinery fixtures equipment and supplies used in business.	x			
30 Inventory.	x			
31 Animals.	x			
32 Crops-growing or harvested. Give particulars.	x			
33 Farming equipment and implements.	x			
34 Farm supplies chemicals and feed.	x			
35 Other personal property of any kind not already listed. Itemize.	x			
(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules) Total ->				25,659.06

Continuation sheets attached





Form B6 C (04/13)

BlumbergExcelsior, Inc., Publisher, NYC 10013

Debtor(s): Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*☐ 11 U.S.C. § 522(b)(2)☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Primary residence - 626 Nashville Road, Saranac NY	CPLR § 5206(a) Homestead	150,000.00	50,000.00
cash on hand	N.Y. Debt. & Cred. Law § 282(i) Personal and Real Property	25.00	25.00
Dannemora Federal Credit Union Account No.: 700891	N.Y. Debt. & Cred. Law § 283(2) Bank Deposits	2,500.00	5.00
Georgia Pacific Community Federal Credit Union Account No.: 792300 - Regular Draft, Reg. Share, and Christmas Club	N.Y. Debt. & Cred. Law § 283(2) Bank Deposits	2,500.00	258.95
Miscellaneous household furnishings located a primary residence	CPLR § 5205(a)(5) Wearing Apparel Household Furniture Refrigerator Radio TV Crockery Tableware and Cooking Utensils	5,000.00	1,500.00
Every Day Clothing	CPLR § 5205(a)(5) Wearing Apparel Household Furniture Refrigerator Radio TV Crockery Tableware and Cooking Utensils	5,000.00	500.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



Form B6 C (04/13)

BlumbergExcelsior, Inc., Publisher, NYC 10013

Debtor(s) Case No. (if known)  
 In re: Parrotte, Todd V.  
 Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor claims the exemptions to which debtor is entitled under:

☐

Check if debtor claims a homestead exemption that exceeds \$155,675.\*

☐

11 U.S.C. § 522(b)(2)

☒

11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
401K plan through employer	N.Y. Debt. & Cred. Law § 282(iii)(2)(e) Stock Bonus Pension Profit-Sharing or Similar Plan or Contract	20,298.11	20,298.11
1999 Ford Explorer	N.Y. Debt. & Cred. Law § 282(iii)(1) Motor Vehicles	4,000.00	1,027.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



Form B6 D (12/07)

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

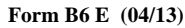
**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**
☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T	H W J C	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT OF LIEN	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY	C U D *
A/C # 0332 Capital One Retail Service PO Box 71106 Charlotte NC 28272-1106		W	VALUE \$ 2,045.00	2,616.04		
A/C # 9340 Key Bank PO Box 94955 Cleveland OH 44101-4955		H	VALUE \$ 50,000.00	27,617.18		
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
A/C #			VALUE \$			
			Subtotal -> (Total of this page)	30,233.22	0.00	
			Total ->	30,233.22	0.00	

Continuation Sheets attached. (use only on last page of the completed Schedule D.)

(Report total also on  
Summary of Schedules)(If applicable,  
Report also on  
Statistical Summary  
of Certain  
Liabilities and  
Related Data.)

\*If contingent, enter C; if unliquidated, enter U; if disputed, enter D.



Debtor(s)	Case No.
-----------	----------

(if known)

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

- ☐ **Extensions of credit in an involuntary case**  
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(2).
- ☐ **Wages, salaries, and commissions**  
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees, up to a maximum of \$12,475\* per employee, earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4)
- ☐ **Contributions to employee benefit plans**  
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Certain farmers and fishermen**  
Claims of certain farmers and fishermen, up to \$6150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. §507(a)(6).
- ☐ **Deposits by individuals**  
Claims of individuals up to \$2775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7)
- ☐ **Alimony, Maintenance, or Support**  
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such child, or a governmental unit whom such a domestic support claim was assigned to the extent provided in U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**  
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(7).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**  
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(8)
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**  
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance 11 U.S.C. § 507(a)(10).

\*Amounts are subject to adjustment on April 1, 2016, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NO. (See Instructions)	COD E B T	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	TOTAL AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY AMT NOT ENTITLED TO PRIORITY, IF ANY	C U D *
			Total ->		Total ->	
			Subtotal -> (Total of this page)			
(Use only on last page of the completed Schedule E. (Report total also on Summary of Schedules.) Total ->						
(Use only on last page of the completed Schedule E.)			Total ->			



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
B264723 Martin A. Bienstock Marshall City of New York PO Box 610700 Bayside NY 11361-0700			Capitol One Bank (USA), N.A. v. Todd V. Parrotte Judgment entered	U	1,460.25
021430807-02 AFNI, Inc. PO Box 3247 Bloomington IL 61702-3427		H	Original Creditor: Bell Atlantic		136.95
P001075199 Action Collection Agency PO Box 902 Middleboro MA 02346-0902		W	Medical Bill Original Creditor: Premier Anesthesia of NY		44.00
V011377298 Adirondack Medical Center 2233 Route 86 Saranac Lake NY 12983		W	For Notification Purposes		0.00
162015 Adirondack Surgical Group 309 County Route 47 Suite 4 Saranac Lake NY 12983-962		W	Medical Bill		59.22
45583 Advanced Women's Healthca 206 Cornelia Street, Ste. Plattsburgh NY 12901		W	Medical Bill		30.60
X continuation sheets attached.					
					Subtotal \$ 1,731.02
					Total \$ 1,731.02

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
if applicable, on the Statistical Summary of Certain  
Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
4258 Asset Recovery, Inc. 734 US Route 4 E Unit 9 Rutland VT 05701		H	Medical Bill Original Creditor: CVHN		54.00
4239 Asset Recovery, Inc. 734 US Route 4 E, Unit 9 Rutland VT 05701		W	Dentist bill Original Creditor: Champlain Smiles		385.00
2309 Asset Recovery, Inc. 734 US Route 4 E., Unit 9 Rutland VT 05701		W	Dental Bill Original Creditor: Lakeview Dentistry		253.00
8340 Asset Recovery, Inc. 734 US Route 4E, Unit 9 Rutland VT 05701		W	Medical Bill Original Creditor: CVPH Medical Center		60.00
47979 Associates in Radiology 762 State Route 3 Suite 14 Plattsburgh NY 12901		W	For Notification Purposes		0.00
6049124 Balanced Healthcare Accounts Receivables PO Box 9577 Manchester NH 03108-9577		W	Original Creditor: CVPH Medical Center		75.00

X continuation sheets attached.

Subtotal \$ 827.00

Total \$ 2,558.02

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
4760 Beneficial/Household Fina PO Box 3425 Buffalo NY 14240		H	For Notification Purposes		0.00
21256104 CBCS PO Box 164090 Columbus OH 43216-4090		H	Medical Bill Original Creditor: Fletcher Allen Health Care - Physicians		148.25
9163346 CBCS 70 PO Box 164060 Columbus OH 43216-4060		W	Original Creditor: Morrisonville/Schuyler Falls Volunteer Ambulance		666.50
8340 CVPH Medical Center 75 Beekman Street Plattsburgh NY 12901		W	For Notification Purposes		0.00
1900 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901			Medical Bills		287.85
45798519 0 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	For Notification Purposes		0.00

X continuation sheets attached.

Subtotal \$ 1,102.60

Total \$ 3,660.62

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
8930325900 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	Medical Bill		50.00
4654783200 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	Medical Bill		26.22
88650676 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	For Notification Purposes		0.00
43817238 0 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	For Notification Purposes		0.00
D191289N1 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	For Notification Purposes		0.00
D210469N1 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	For Notification Purposes		0.00
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 76.22
Total					\$ 3,736.84

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)





Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
D224727N1 CVPH Medical Center PO Box 2868 Plattsburgh NY 12901		W	For Notification Purposes		0.00
486236719509..... Capital One PO Box 30281 Salt Lake City UT 84130		W	Credit Card		2,053.00
Capital One PO Box 30281 Salt Lake City, UT 84130		H	Credit Card		952.00
Capital One Bank (USA) N. 4851 Cox Road Glen Allen VA 23060			Judgment entered 7/19/2014 in Clinton County Clerk's Office under File No.: 2010-00048999		0.00
8746 Cavalry Portfolio Service PO Box 27288 Tempe, AZ 85285-7288		W	Credit Card Original Creditor: HSBC Bank Nevada, N.A.		652.44
14102140081 Central Service Bureau PO Box 251 Watertown NY 13601		W	Medical Bill Original Creditor: Lake Champlain Cardiology Assoc.		62.00

X continuation sheets attached.

Subtotal \$ 3,719.44

Total \$ 7,456.28

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
14112480204 Central Service Bureau PO Box 251 Watertown NY 13601			Medical Bill Original Creditor: Associates in Radiology		31.00
14120600046 Central Service Bureau PO Box 251 Watertown NY 13601		W	Medical Bill Original Creditor: Associates in Radiology		65.00
14121810073 Central Service Bureau PO Box 251 Watertown NY 13601		W	Medical Bill Original Creditor: Champlain Vall. Path/E Gorman		35.00
14132842406 Central Service Bureau PO Box 251 Watertown NY 13601		W	Medical Bill Original Creditor: Associates in Radiology		65.00
14102140082 Central Service Bureau PO Box 251 Watertown NY 13601		H	Medical Bill Original Creditor: Lake Champlain Cardio Assoc.		77.00
14133250203 Central Service Bureau PO Box 251 Watertown NY 13601		H	Medical Bill Original Creditor: Associates in Radiology		825.00
X continuation sheets attached.					Subtotal \$ 1,098.00
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					Total \$ 8,554.28



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
4239 Champlain Smiles 212 Tom Miller Road Plattsburgh NY 12901			For Notification Purposes		0.00
66GOR Champlain Valley Patholog PO Box 309 Plattsburgh NY 12901		W	Medical Bill		27.20
14-0000215 Clinton County Sheriff's Office - Civil Division 25 McCarthy Drive Plattsburgh NY 12901		H	Midland Funding LLC v. Todd Parrotte For Notification Purposes		0.00
Cohen & Slamowitz 199 Crossways Park Dr. PO Box 9004 Woodbury NY 11797-9004		W	Creditor: Capital One Bank (USA) NA Judgment entered in Clinton County Clerk's Office 7/19/10		1,504.67
6559 Cohen & Slamowitz, LLP PO Box 9012 Woodbury NY 11797-9012		W	Credit Original Creditor: Capital One Bank (USA) NA		2,027.43
10026891 Computer Credit Inc. Claim Dept. 006303 640 W. 4th St. PO Box 523 Winston-Salem NC 27113		W	Medical Bill Original Creditor: CVPH Medical Center		401.68
X continuation sheets attached.					Subtotal \$ 3,960.98
(Use only on last page of the completed Schedule F.) (Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)					Total \$ 12,515.26



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
43817238 Computer Credit, Inc. Claim Dept 081936 640 W. 4th St., Box 5238 Winston-Salem NC 27113-52		W	Medical Bill Original Creditor: CVPH Medical Center		355.85
457898519 Computer Credit, Inc. Claim Dept 081936 640 West 4th Street, Box Winston-Salem NC 27113-52		W	Medical Bill Original Creditor: CVPH Medical Center		287.85
14101100155 Credit Service Bureau PO Box 251 Watertown NY 13601		H	Medical Bill Original Creditor: Associates in Radiology Platts.		188.00
D125820N1 EMT OF CVPH 75 Beekman Street Plattsburgh NY 12901`		H	For Notification Purposes		0.00
4672042 EOS CCA 700 Longwater Drive Norwell, MA 02061		W	Cell phone Original Creditor: ATT Mobility		1,110.00
2-497-87937 FedEx PO Box 371461 Pittsburgh PA 15250-7461		W	For Notification Purposes		0.00
<div> <div>X continuation sheets attached.</div> <div>Subtotal</div> <div>Total</div> </div>					<div>\$ 1,941.70</div> <div>\$ 14,456.96</div>

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
2256104 Fletcher Allen Health Car Physicians 111 Colchester Avenue Burlington VT 05401		H	For Notification Purposes		0.00
GERCB/Sam's Club PO Box 965005 Orlando FL 32896		W	Credit Card - closed and written off		399.00
6964 Georgia Pacific Community Federal Credit Union 53 Weed Street Plattsburgh NY 12901			loan		783.48
2285 HRRG PO Box 5406 Cincinnati OH 45273-7942		W	Medical Bill - Samantha Parrotte Original Creditor Emergency Phys. Svcs. NY		317.74
5469 HSBC Bank PO Box 9 Buffalo NY 14240		W	For Notification Purposes		0.00
8746 HSBC Bank PO Box 9 Buffalo NY 14240		W	For Notification Purposes		0.00
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 1,500.22
Total					\$ 15,957.18

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD EBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
High Peaks Dental 675 Route 3, Suite 201 Plattsburgh NY 12901		W	Dental Bill Date of service; 06/02/2014		929.00
Index 2012-1606 In House Counsel Midland Funding LLC 100 Church Street, 8th Fl New York NY 10007			Judgment entered against debtor 3/25/13 Original Creditor: Beneficial Finance		4,739.42
7721 Jefferson Capital Systems 16 McLeland Road St. Cloud, MN 56303		W	Original Creditor: Fingerhut Direct Marketing		398.66
4243 Key Bank PO Box 4825 Cleveland OH 44101-4825		J	Cash Reserve Credit Account		1,192.52
Lake Champlain Cardiology 214 Cornelia Street, Suit Plattsburgh NY 12901		W	For Notification Purposes		0.00
2309 Lakeview Dentistry 104 West Bay Plaza Plattsburgh NY 12901		W	For Notification Purposes		0.00
Subtotal					\$ 7,259.60
Total					\$ 23,216.78

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
7721 Malcom S. Gerald & Assoc. 332 So. Michigan Avenue Suite 600 Chicago, IL 60604			Creditor: Jefferson Capital Systems (Fingrhut bill) For Notification Purposes		0.00
V011377298 Med Rev Recoveries, Inc. 100 Metropolitan Park Dri PO Box 4712 Syracuse NY 13221-4712		W	Medical Bill Original Creditor: Adirondack Medical Center		269.42
9163346 Med-Ex Billing 8020 East Main Road LeRoy NY 14482		W	Original Creditor: Morrisonville/Schuyler Falls Volunteer Ambulance Service; Current Collect. Agency: CBCS; For Notif. Purp.		0.00
5469 Midland Credit Management PO Box 60578 Los Angeles CA 90060-0578		W	Credit Card Original Creditor: HSBC Bank Nevada NA		1,002.60
4760 Midland Credit Management PO Box 60578 Los Angeles, CA 90060-057		H	Original Creditor: Beneficial		4,062.27
7804 Midland Credit Mgmt. Inc. PO Box 60578 Los Angeles CA 90060-0578		W	Original Creditor: CIT Bank		1,929.00
<div> <div>X</div> <div>continuation sheets attached.</div> </div>					
Subtotal					\$ 7,263.29
Total					\$ 30,480.07

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
if applicable, on the Statistical Summary of Certain  
Liabilities and Related Data.)



Form B6 F (12/07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	COD E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
854991 Midland Funding 8875 Aero Dr., Ste. 200 San Diego CA 92123		W	Credit Card - Original Creditor - GE Money Bank		235.00
11613482 NCO Financial Sysems, Inc PO Box 17212 Wilmington DE 19850		W	Original Creditor: FEDEX TECHCONNECT, INC.		135.04
TBZ483 NCO Financial Systems, In PO Box 17205 Wilmington DE 19850-7205		W	Original Creditor: NYSEG Ex-husband's bill for 363 Hugh Herron Road in Saranac NY - in name of Patty Grenier		445.10
2-497-87937 North Shore Agency 270 Spagnoli Road, Suite Melville NY 11747		W	Original Creditor: FedEx Current Creditor: NCO Financial Systems, Inc. For Notification Purposes		0.00
456871945258 Physicians Services CVHN CVPH Medical Center 75 Beekman Street Plattsburgh NY 12901		H	For Notification Purposes		0.00
52601 Plattsburgh Medical Care, 675 Route 3 Plattsburgh NY 12901		W	Medical Bill for Samantha Parrotte		10.00
<div> <div>X continuation sheets attached.</div> <div>Subtotal</div> <div>Total</div> </div>					<div>\$ 825.14</div> <div>\$ 31,305.21</div>

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and,  
if applicable, on the Statistical Summary of Certain  
Liabilities and Related Data.)





Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
U2602210502 Premier Annes. NY PC PO Box 405739 Atlanta GA 30384		W	For Notification Purposes		0.00
651482 Prevost Car (US) Inc. 7900 National Service Roa Mailstop AP5-63 Greensboro, NC 27409			loan on 401(k) retirement plan		6,973.11
D210469N1 Revenue Cycle Management PO Box 9356 S. Burlington VT 05407		W	Medical Bill Original Creditor: CVPH Medical Center		85.00
D224727N1 Revenue Cycle Management PO Box 9356 S. Burlington VT 05407			Medical Bill Original Creditor: CVPH Medical Center		85.00
D124431N1 Revenue Cycle Mgmt. PO Box 9356 Burlington VT 05407		H	Medical Bill Original Creditor: CVPH Medical Center		75.00
D125820N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407		H	Medical Bill EMT of CVPH		260.00
				Subtotal	\$ 7,478.11
				Total	\$ 38,783.32

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
D127875N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407			Medical Bill Original Creditor: CVPH Medical Center		256.00
D185042N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407		H	Medical Bill Original Creditor: CVPH Medical Center		99.00
D207556N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407		H	Medical Bill Original Creditor: CVPH Medical Center		128.00
D211735N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407		H	Medical Bill Original Creditor: CVPH Medical Center		559.00
D231183N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407		H	Medical Bill Original Creditor: CVPH Medical Center		62.00
D191289N1 Revenue Cycle Mgmt. PO Box 9356 S. Burlington VT 05407		W	Medical Bill Original Creditor: CVPH Medical Center		208.00
Subtotal					\$ 1,312.00
Total					\$ 40,095.32

X continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 F (12/07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s)

Case No.

(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER (See Instructions)	CO D E B T O R	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C U D	AMOUNT OF CLAIM
1870/7238 Revenue Cycle Mgmt. Corp. PO Box 9356 South Burlington VT 05407		W	Medical Bills CVPH Medical Center		594.90
D105588N1 Revenue Cycle Mgmt. Inc. PO Box 9356 S. Burlington VT 05407			Medical Bill Original Creditor: CVPH Medical Center		50.00
2691 Rubin & Rothman PO Box 9003 Islandia NY 11749		H	Original Creditor: Capital One Bank (USA) NA Credit Card		1,251.76
14531331 Vision FInancial Group PO Box 460260 St. Louis MO 63146-7260		W	Original Creditor: HSBC Bank Nevada, N.A. Current Collection Agency: Cavalry Portfolio Services; For Notification Purposes		0.00
WFNNB/Newport News PO BO 182789 Columbus OH 43218		W	Credit Card		0.00
				Subtotal	\$ 1,896.66
				Total	\$ 41,991.98

continuation sheets attached.

(Use only on last page of the completed Schedule F.)  
(Report total also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)



Form B6 G (12/07)

BlumbergExcelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY, STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



Form B6 H (12/07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.

Debtor(s) Case No.

(if known)

**SCHEDULE H - CODEBTORS**☒ Check this box if debtor has no codebtors

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR



BlumbergExcelsior, Inc., Publisher, NYC 10013

**Fill in this information to identify your case:**

Debtor 1 Parrotte, Todd V.

Debtor 2 Parrotte, Patricia A.  
(Spouse if filing)

United States Bankruptcy Court for the: Northern District of New York  
Case number  
(If known)

Check if this is:

☐ A supplement showing chapter 13 income as of the following date:

MM / DD /YYYY

**Official Form B 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:**

**Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

**Employment status**

**Debtor 1**

☒

Employed

☐

Not Employed

**Debtor 2 or non-filing spouse**

☐

Employed

☒

Not Employed

Include part-time, seasonal, or self-employed work.

**Occupation**

Assembler

Homemaker

Occupation may include student or homemaker, if it applies.

**Employer's name**

Nova Bus

**Employer's address**

260 Banker Road  
Plattsburgh NY 1290

**How long employed there?**

5 years

**Part 2:**

**Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

**2. List monthly gross wages, salary, and commissions**

(before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

**For Debtor 1**

**For Debtor 2 or non-filing spouse**

2. \$

3168.48

\$

3. + \$

636.88

+ \$

**3. Estimate and list monthly overtime pay.**

4. \$

3805.36

\$

0.00

**4. Calculate gross income. Add line 2 + line 3.**



Debtor 1 Parrotte, Todd V.

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b>	4. \$ 3805.36	\$ 0.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 180.50	
5b. Mandatory contributions for retirement plans	5b. \$	\$
5c. Voluntary contributions for retirement plans	5c. \$ 152.2	\$
5d. Required repayments of retirement fund loans	5d. \$ 198.92	\$
5e. Insurance	5e. \$ 281.72	\$
5f. Domestic support obligations	5f. \$	\$
5g. Union dues	5g. \$	\$
5h. Other deductions. Specify United Way	5h. +\$ 4.00	\$
<b>6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h</b>	6. \$ 817.34	\$ 0.00
<b>7. Calculate total monthly take-home pay. Subtract line 6 from line 4.</b>	7. \$ 2988.02	\$ 0.00
<b>8. List all other income regularly received:</b>		
<b>8a. Net income from rental property and from operating a business, profession or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$	\$
<b>8b. Interest and dividends</b>	8b. \$	\$
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$	\$
<b>8d. Unemployment compensation</b>	8d. \$	\$
<b>8e. Social Security</b>	8e. \$	\$
<b>8f. Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$	\$
<b>8g. Pension or retirement income</b>	8g. \$	\$
<b>8h. Other monthly income. Specify:</b>	8h. +\$	+\$
<b>9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.</b>	9. \$ 0.00	\$
<b>10. Calculate monthly income. Add line 7 + line 9.</b> Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2988.02	\$ 0.00
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies		\$ 2988.02
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain:	none	

**Fill in this information to identify your case:**

Debtor 1 Parrotte, Todd V.

Debtor 2 Parrotte, Patricia A.  
(Spouse if filing)

United States Bankruptcy Court for the: Northern District of New York

Case number  
(If known)

Check if this is:

☐ A supplement showing  
post-petition chapter 13  
expenses as of the  
following date:

MM / DD / YYYY

☐ A separate filing for  
Debtor 2 because Debtor  
2 maintains a separate  
household
**Official Form B 6J****Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1:****Describe Your Household****1. Is this a joint case?**
☐ **No** Go to line 2.

☒ **Yes. Does Debtor 2 live in a separate household?**
☐ **No**
☐ **Yes. Debtor 2 must file a separate Schedule J.**
**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ **No**
☒ **Yes. Fill out  
information for each  
dependant .....**
**Dependents relationship  
to Debtor1 or Debtor2****Dependents age****Does dependant live  
with you?**

daughter

15

☒ **Yes**
☐ **No**
☐ **Yes**
☐ **No**
☐ **Yes**
☐ **No**
☐ **Yes**
☐ **No**
**3. Do your expenses include expenses  
of people other than yourself and  
your dependents?**
☒ **No**  
☐ **Yes**
**Part 2:****Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)





Debtor 1 Parrotte, Todd V.

Case number (If known)

	<u>Your expenses</u>
4. <b>The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.</b>	4. \$ 491.62
If not included in line 4:	
4a. Real estate taxes	4a. \$
4b. Property, homeowner's, or renter's insurance	4b. \$ 0.00
4c. Home maintenance, repair, and upkeep expenses	4c. \$
4d. Homeowner's association or condominium dues	4d. \$
5. <b>Additional mortgage payments for your residence, such as home equity loans</b>	5. \$
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ 570.00
6b. Water, sewer, garbage collection	6b. \$ 0.00
6c. Telephone, cell phone, internet, satellite, and cable services	6c. \$ 120.00
6d. Other, Specify:	6d. \$
7. <b>Food and housekeeping supplies</b>	7. \$ 750.00
8. <b>Childcare and children's education costs</b>	8. \$ 0.00
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ 75.00
10. <b>Personal care products and services</b>	10. \$ 10.00
11. <b>Medical and dental expenses</b>	11. \$ 59.00
12. <b>Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.</b>	12. \$ 200.00
13. <b>Entertainment, clubs, recreation, newspapers, magazines and books</b>	13. \$
14. <b>Charitable contributions and religious donations</b>	14. \$ 18.00
15. <b>Insurance.</b>	
<b>Do not include insurance deducted from your pay or included in lines 4 or 20.</b>	
15a. Life insurance	15a. \$
15b. Health insurance	15b. \$
15c. Vehicle insurance	15c. \$ 43.00
15d. Other insurance. Specify:	15d. \$
16. <b>Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: land and school taxes</b>	16. \$
17. <b>Installments or lease payments:</b>	
17a. Car payments for vehicle 1	17a. \$
17b. Car payments for vehicle 2	17b. \$ 128.50
17c. Other. Specify: Yamaha 4 Wheeler Payment	17c. \$ 78.00
17d. Other. Specify:	17d. \$
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18. \$
19. <b>Other payments you make to support others who do not live with you. Specify:</b>	19. \$



Debtor 1 Parrotte, Todd V.

Case number (If known)

Your expenses**20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$	
20b. Real estate taxes	20b. \$	85.83
20c. Property, homeowner's, or renter's insurance	20c. \$	0.00
20d. Maintenance, repair, and upkeep expenses	20d. \$	0.00
20e. Homeowner's association or condominium dues	20e. \$	0.00
20f. Other		

\$  
\$  
\$  
\$

**21. Other. Specify:**

21. +\$ 0.00

**22. Your monthly expenses. Add lines 4 through 21.  
The result is your monthly expenses.**

22. \$ 2628.95

**23. Calculate your monthly net income:**

23a. Copy line 12 (your combined monthly income) from Schedule I.  
23b. Copy your monthly expenses from line 22 above.  
23c. Subtract your monthly expenses from your monthly income.

23a. \$ 2988.02

23b. -\$ 2628.95

*The result is your monthly net income.*

23c. \$ 359.07

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.☒ Yes.

Explain here:  
none



Form 7 Stmt of Financial Affairs (04/13)

BlumbergExcelsior, Inc., Publisher, NYC 10013

**STATEMENT OF FINANCIAL AFFAIRS**  
**UNITED STATES BANKRUPTCY COURT**  
**Northern DISTRICT OF New York**

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. Sec. 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1-18 are to be completed by all debtors. Debtors that are or have been in business with in the last 6 years, as defined below, also must complete Questions 19-25. If the answer to any question is "None" or the question is not applicable, mark the box labeled "None". If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

**DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, owner of 5 percent or more of the voting or equity securities of a corporation; a partner other than a limited partner, of a partnership, a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

NONE

**01 INCOME FROM EMPLOYMENT OR OPERATION OF BUSINESS**

State the gross amount of income the debtor has received from employment trade or profession or from operation of the debtor's business including part-time activities either as an employee or in independent trade or business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains or has maintained financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCES
43307.00	2012 Joint Income Tax Return
42994.00	2013 Joint Tax Return

State the amount of income received by the debtor other than from employment trade profession operation of the debtor's business during the two years immediately preceeding the commencement of this case. Give particulars. If a joint petition is filed state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCES
10700.00	2012 - Unemployment Compensation
-3904.00	Rental income loss - 2012 Joint Income Tax Return
-3321.00	Rental loss 2013 joint income tax return

NONE

## |X| 03A PAYMENTS TO CREDITORS

List all payments on loans installment purchases of goods or services and other debts to any creditor made within 90 days immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE

## |X| 03B PAYMENTS TO CREDITORS

List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$6,225\*. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE

## |X| 03C PAYMENTS TO CREDITORS

List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT	NATURE OF PROCEEDING	COURT & LOCATION	STATUS OR DISPOSITION
Midland Funding LLC v. Todd Parrotte; Index No.: 2012-1606	Consumer Credit Transaction	NYS Supreme Courty - County of Clinton	Judgment entered 3/25/13 - \$4739.42 Income Execution filed against debtor with Cl. Cty. Sheriff
Capital One Bank (USA) N.A. v. Todd V. Parrotte B264723	Consumer Credit Transaction	Unknown	Judgment entered per Marshal City of New York \$1460.25
Capital One Bank (USA) NA vs. Patricia A. Parrotte CV-000304-10/PL	consumer credit transaction	Plattsburgh City Court	Judgment filed in Clinton County Clerk's - 2010-00048999 - on 7/19/2010 -\$1504.67

## 04B SUITS AND ADMINISTRATIVE PROCEEDINGS EXECUTION GARNISHMENTS AND ATTACHMENTS

Describe all property that has been attached garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

## 05 REPOSSESSIONS FORECLOSURES AND RETURNS

List all property that has been repossessed by a creditor sold at a foreclosure sale transferred through a deed in lieu of foreclosure or returned to the seller within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

#### 06B ASSIGNMENTS AND RECEIVERSHIPS

List all property which has been in the hands of a custodian receiver or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed unless spouses are separated and a joint petition is not filed.)

#### 07 GIFTS

List all gifts or charitable contributions made within one year immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

#### 08 LOSSES

List all losses from fire theft other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

List all payments made or property transferred by or on behalf of the debtor to any persons including attorneys for consultation concerning debt consolidation relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Frank G. Zappala, Esq.	3/25/2014	\$600.00
142 Margaret Street	7/21/2014	\$600.00
Plattsburgh NY 12901		

NONE  
|X|

## 10A OTHER TRANSFERS

List all other property other than property transferred in the ordinary course of the business or financial affairs of the debtor transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
|X|

## 10B OTHER TRANSFERS

List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NONE  
|X|

## 11 CLOSED FINANCIAL ACCOUNTS

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed sold or otherwise transferred within one year immediately preceding the commencement of this case. Include checking savings or other financial accounts certificates of deposit or other instruments; shares and share accounts held in banks credit unions pension funds cooperatives associations brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

List each safe deposit or other box or depository in which the debtor has or had securities, cash or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed unless the spouses are separated and a joint petition is not filed.)

NONE  
X**13 SETOFFS**

List all setoffs made by any creditor including a bank against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NONE  
X**14 PROPERTY HELD FOR ANOTHER PERSON**

List all property owned by another person that the debtor holds or controls.

NONE  
X**15 PRIOR ADDRESS OF DEBTOR**

If debtor has moved within three years immediately preceding the commencement of this case list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed report also any separate address of either spouse.

NONE  
X**16 SPOUSES AND FORMER SPOUSES**

If the debtor resides or resided in a community property state commonwealth or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.



List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice and if known the Environmental Law:

NONE  
X

#### 17B ENVIRONMENTAL INFORMATION

List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NONE  
X

#### 17C ENVIRONMENTAL INFORMATION

List all judicial or administrative proceedings including settlements or orders under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding and the docket number.

NONE

X

#### 18A NATURE LOCATION AND NAME OF BUSINESS

If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was an officer, director, partner or managing executive of a corporation, partner in a partnership, sole proprietor or was self-employed in a trade, profession or other activity either full-or part-time within six years immediately preceding the commencement of this case or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case. List the names addresses taxpayer identification numbers nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the business, and beginning and ending dates of all business in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

Identify any business listed in response to subdivision a. ,above, that is "single asset real estate" as defined in 11 U.S.C. Sec. 101.

NONE  
X

#### 19A BOOKS RECORDS AND FINANCIAL STATEMENTS

List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NONE  
X

#### 19B BOOKS RECORDS AND FINANCIAL STATEMENTS

b.List all firms or individuals who within two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NONE  
X

#### 19C BOOKS RECORDS AND FINANCIAL STATEMENTS

c.List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NONE  
X

#### 19D BOOKS RECORDS AND FINANCIAL STATEMENTS

List all financial institutions creditors and other parties including mercantile and trade agencies to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

20B INVENTORIES

List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21A CURRENT PARTNERS OFFICERS DIRECTORS AND SHAREHOLDERS

If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

21B CURRENT PARTNERS OFFICERS DIRECTORS AND SHAREHOLDERS

If the debtor is a corporation, list all officers and directors of the corporation and, each stockholder, who directly or indirectly owns controls or holds 5 percent or more of the voting or equity securities of the corporation.

22A FORMER PARTNERS OFFICERS DIRECTORS AND SHAREHOLDERS

If the debtor is a partnership, list each member who withdrew from the partnership within one year immediately preceding the commencement of this case..

NONE  
X

If the debtor is a corporation list all officers or directors whose relationship with the corporation terminated within one year immediately preceding the commencement of this case.

NONE  
X

## 23 WITHDRAWALS FROM A PARTNERSHIP OR DISTRIBUTIONS BY A CORPORATION

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form bonuses, loans, stock redemptions, options exercised and any other perquisite during one year immediately preceding the commencement of this case.

NONE  
X

## 24 TAX CONSOLIDATION GROUP

If the debtor is a corporation list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within six years immediately preceding the commencement of the case.

NONE  
X

## 25 PENSION FUNDS

If the debtor is not an individual list the name and federal taxpayer identification number of any pension fund to which the debtor as an employer has been responsible for contributing at any time within the six-year period immediately preceding the commencement of this case.



B8 (Official Form 8) (12/08)

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## UNITED STATES BANKRUPTCY COURT

In re Parrotte, Todd V.  
Parrotte, Patricia A.

Case No.  
Chapter 7

### CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
<b>Creditor's Name:</b> Key Bank	<b>Describe Property Securing Debt:</b> home at 626 Nashville, SaranacNY
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other, Explain	
Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
<b>Creditor's Name:</b> Capital One Retail Services	<b>Describe Property Securing Debt:</b> Loan on 4 wheeler
Property will be (check one): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other, Explain	
Property is (check one): <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 3 (if necessary)	
<b>Creditor's Name:</b>	<b>Describe Property Securing Debt:</b>
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other, Explain	
Property is (check one): <input type="checkbox"/> <input type="checkbox"/> Not claimed as exempt	



B8 (Official Form 8) (12/08)

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**PART B - Personal property subject to unexpired leases.** (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 2 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 3 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 4 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Property No. 5 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 6 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
Property No. 7 <i>(if necessary)</i>		
<b>Lessor's Name:</b>	<b>Describe Leased Property:</b>	<b>Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicated my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

**Date:** 07/22/2014

/s/ Todd V. Parrotte

**Signature of Debtor**

**Signature of Joint Debtor**



BlumbergExcelsior, Inc., Publisher, NYC 10013

3085W Stmt of Comp.:  
Rule 2016(b) (12-95)

**UNITED STATES BANKRUPTCY COURT** Northern **DISTRICT OF** New York

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No. (if known)

**STATEMENT**

**Pursuant to Rule 2016(b)**

The undersigned, pursuant to Rule 2016(b) Bankruptcy Rules, states that:

- (1) The undersigned is the attorney for the debtor(s) in this Case.
- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
  - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case \$ 1200.00
  - (b) prior to filing this statement, debtor(s) have paid \$ 1200.00
  - (c) the unpaid balance due and payable is \$ 0.00
- (3) \$ 335.00 of the filing fee in this case has been paid.
- (4) The services rendered or to be rendered include the following:
  - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
  - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
  - (c) representation of the debtor(s) at the meeting of creditors.
- (5) The source of payments made by the debtor(s) to the undersigned was from earnings, wages and compensation for services performed, and
- (6) The source of payments made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and
- (7) The undersigned has received no transfer, assignment or pledge of property except the following for the value stated:
- (8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

**Dated:**

**Attorney's name and address**

**Respectfully submitted,**  
/s/ Patricia A. Parrotte

**Attorney for Petitioner**  
Frank G. Zappala, Esq.



3092 - Verification of Creditor Matrix. 12/95 Blumberg Excelsior, Inc., Publisher, NYC 10013

**UNITED STATES BANKRUPTCY COURT**

Northern **DISTRICT OF** New York

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Case No.  
Debtor(s)  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

The above-named debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Dated: 07/22/14

Debtor /s/ Todd V. Parrotte  
Parrotte, Todd V.

Debtor \_\_\_\_\_  
Parrotte, Patricia A.





Unsworn Declaration SFA (04/13) Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No. (if known)

## DECLARATION CONCERNING DEBTOR'S STATEMENT OF FINANCIAL AFFAIRS

### DECLARATION UNDER PENALTY OF PERJURY

(If completed by an individual or individual and spouse) I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 07/22/14

Signature /s/ Todd V. Parrotte  
Parrotte, Todd V.

Date 07/22/14

Signature \_\_\_\_\_  
Parrotte, Patricia A.  
(if joint case, both spouses must sign.)

### CERTIFICATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. §110)

Printed or Typed Name of Bankruptcy Petition Preparer

Social Security Number  
(Required by U.S.C. §110(c)).

Address

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document:

If more than one person prepared this document, attach additional signed sheets confirming to the appropriate Official Form for each person.

X

Signature of Bankruptcy Petition Preparer

Date

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing statement of financial affairs, consisting of \_\_\_\_\_ sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Continuation sheets attached

Date 07/22/2014

Signature \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

PENALTY FOR MAKING A FALSE STATEMENT OR CONCEALING PROPERTY  
Fine of up to \$500,000 or imprisonment for up to 5 years or both, 18 U.S.C. §152 and 3571.



Form B6 Cont. (12-07)

Blumberg Excelsior, Inc., Publisher, NYC 10013

In re: Parrotte, Todd V.  
Parrotte, Patricia A.

Debtor(s) Case No.

(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information, and belief. (Total shown on summary page plus 2.)

Date 07/22/14

Signature /s/ Todd V. Parrotte

Parrotte, Todd V.

Debtor

Date 07/22/14

Signature

Parrotte, Patricia A

(Joint Debtor, if any)

(If joint case, both spouses must sign.)

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See U.S.C. §110.)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. §110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§110(b), 110(h), and 342(b); and (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. §110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Print or Type Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. §110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address:

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security Numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person*

**A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.**

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation  
or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership]  
named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of  
33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.  
(Total shown on summary page plus 1.)

Date \_\_\_\_\_

Signature \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor.)

(An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.)

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.



## **FORM 6. SCHEDULES**

Summary of Schedules

Statistical Summary of Certain Liabilities and Related Data (28 U.S.C. § 159)

Schedule A - Real Property

Schedule B - Personal Property

Schedule C - Property Claimed as Exempt

Schedule D - Creditors Holding Secured Claims

Schedule E - Creditors Holding Unsecured Priority Claims

Schedule F - Creditors Holding Unsecured Property Claims

Schedule G - Executory Contracts and Unexpired Leases

Schedule H - Codebtors

Schedule I - Current Income of Individual Debtor(s)

Schedule J - Current Expenditures of Individual Debtor(s)

Unsworn Declaration Under Penalty of Perjury

**GENERAL INSTRUCTIONS:** The first page of the debtor's schedules and the first page of any amendments thereto must contain a caption as in Form 16B. Subsequent pages should be identified with the debtor's name and case number. If the schedules are filed with the petition, the case number should be left blank.

Schedules D, E, and F have been designated for the listing of each claim only once. Even when a claim is secured only in part or entitled to priority only in part, it still should be listed only once.

A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed on Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

Martin A. Bienstock  
B264723  
Marshal City of New York  
PO Box 610700  
Bayside NY 11361-0700

AFNI, Inc.  
021430807-02  
PO Box 3247  
Bloomington IL 61702-3427

Action Collection Agency  
P001075199  
PO Box 902  
Middleboro MA 02346-0902

Adirondack Medical Center  
V011377298  
2233 Route 86  
Saranac Lake NY 12983

Adirondack Surgical Group  
162015  
309 County Route 47  
Suite 4  
Saranac Lake NY 12983-9622

Advanced Women's Healthcare  
45583  
206 Cornelia Street, Ste. 20  
Plattsburgh NY 12901

Asset Recovery, Inc.  
4258  
734 US Route 4 E  
Unit 9  
Rutland VT 05701

Asset Recovery, Inc.  
4239  
734 US Route 4 E, Unit 9  
Rutland VT 05701

Asset Recovery, Inc.  
2309  
734 US Route 4 E., Unit 9  
Rutland VT 05701

Asset Recovery, Inc.  
8340  
734 US Route 4E, Unit 9  
Rutland VT 05701

Associates in Radiology  
47979  
762 State Route 3  
Suite 14  
Plattsburgh NY 12901

Balanced Healthcare  
6049124  
Accounts Receivables  
PO Box 9577  
Manchester NH 03108-9577

Beneficial/Household Finance  
4760  
PO Box 3425  
Buffalo NY 14240

CBCS  
21256104  
PO Box 164090  
Columbus OH 43216-4090

CBCS 70  
9163346  
PO Box 164060  
Columbus OH 43216-4060

CVPH Medical Center  
8340  
75 Beekman Street  
Plattsburgh NY 12901

CVPH Medical Center  
1900  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
43817238 0  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
45798519 0  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
4654783200  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
88650676  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
8930325900  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
D191289N1  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
D210469N1  
PO Box 2868  
Plattsburgh NY 12901

CVPH Medical Center  
D224727N1  
PO Box 2868  
Plattsburgh NY 12901

Capital One  
486236719509....  
PO Box 30281  
Salt Lake City UT 84130

Capital One  
PO Box 30281  
Salt Lake City, UT 84130

Capital One Bank (USA) N.A.  
4851 Cox Road  
Glen Allen VA 23060

Capital One Retail Services  
0332  
PO Box 71106  
Charlotte NC 28272-1106

Cavalry Portfolio Services  
8746  
PO Box 27288  
Tempe, AZ 85285-7288

Central Service Bureau  
14102140081  
PO Box 251  
Watertown NY 13601

Central Service Bureau  
14102140082  
PO Box 251  
Watertown NY 13601

Central Service Bureau  
14112480204  
PO Box 251  
Watertown NY 13601

Central Service Bureau  
14120600046  
PO Box 251  
Watertown NY 13601

Central Service Bureau  
14121810073  
PO Box 251  
Watertown NY 13601

Central Service Bureau  
14132842406  
PO Box 251  
Watertown NY 13601

Central Service Bureau  
14133250203  
PO Box 251  
Watertown NY 13601

Champlain Valley Pathology  
66GOR  
PO Box 309  
Plattsburgh NY 12901

Clinton County Sheriff's  
14-0000215  
Office - Civil Division  
25 McCarthy Drive  
Plattsburgh NY 12901

Cohen & Slamowitz  
199 Crossways Park Dr.  
PO Box 9004  
Woodbury NY 11797-9004

Cohen & Slamowitz, LLP  
6559  
PO Box 9012  
Woodbury NY 11797-9012

Computer Credit Inc.  
10026891  
Claim Dept. 006303  
640 W. 4th St. PO Box 5238  
Winston-Salem NC 27113

Computer Credit, Inc.  
43817238  
Claim Dept 081936  
640 W. 4th St., Box 5238  
Winston-Salem NC 27113-5238

Computer Credit, Inc.  
457898519  
Claim Dept 081936  
640 West 4th Street, Box 523  
Winston-Salem NC 27113-5238

Credit Service Bureau  
14101100155  
PO Box 251  
Watertown NY 13601

EMT OF CVPH  
D125820N1  
75 Beekman Street  
Plattsburgh NY 12901`

EOS CCA  
4672042  
700 Longwater Drive  
Norwell, MA 02061

FedEx  
2-497-87937  
PO Box 371461  
Pittsburgh PA 15250-7461

Fletcher Allen Health Care -  
2256104  
Physicians  
111 Colchester Avenue  
Burlington VT 05401

GERCB/Sam's Club  
PO Box 965005  
Orlando FL 32896

Georgia Pacific Community  
6964  
Federal Credit Union  
53 Weed Street  
Plattsburgh NY 12901

HRRG  
2285  
PO Box 5406  
Cincinnati OH 45273-7942

HSBC Bank  
5469  
PO Box 9  
Buffalo NY 14240

HSBC Bank  
8746  
PO Box 9  
Buffalo NY 14240

High Peaks Dental  
675 Route 3, Suite 201  
Plattsburgh NY 12901

In House Counsel  
Index 2012-1606  
Midland Funding LLC  
100 Church Street, 8th Floor  
New York NY 10007

Jefferson Capital Systems, L  
7721  
16 McLeland Road  
St. Cloud, MN 56303

Key Bank  
4243  
PO Box 4825  
Cleveland OH 44101-4825

Key Bank  
9340  
PO Box 94955  
Cleveland OH 44101-4955

Lake Champlain Cardiology  
214 Cornelia Street, Suite 2  
Plattsburgh NY 12901

Malcom S. Gerald & Assoc.  
7721  
332 So. Michigan Avenue  
Suite 600  
Chicago, IL 60604

Med Rev Recoveries, Inc.  
V011377298  
100 Metropolitan Park Drive  
PO Box 4712  
Syracuse NY 13221-4712

Med-Ex Billing  
9163346  
8020 East Main Road  
LeRoy NY 14482

Midland Credit Management, I  
5469  
PO Box 60578  
Los Angeles CA 90060-0578

Midland Credit Management, I  
4760  
PO Box 60578  
Los Angeles, CA 90060-0578

Midland Credit Mgmt. Inc.  
7804  
PO Box 60578  
Los Angeles CA 90060-0578

Midland Funding  
854991  
8875 Aero Dr., Ste. 200  
San Diego CA 92123

NCO Financial Syssems, Inc.  
11613482  
PO Box 17212  
Wilmington DE 19850

NCO Financial Systems, Inc.  
TBZ483  
PO Box 17205  
Wilmington DE 19850-7205

North Shore Agency  
2-497-87937  
270 Spagnoli Road, Suite 110  
Melville NY 11747

Physicians Services CVHN  
456871945258  
CVPH Medical Center  
75 Beekman Street  
Plattsburgh NY 12901

Plattsburgh Medical Care, PL  
52601  
675 Route 3  
Plattsburgh NY 12901

Premier Annes. NY PC  
U2602210502  
PO Box 405739  
Atlanta GA 30384

Prevost Car (US) Inc.  
651482  
7900 National Service Road  
Mailstop AP5-63  
Greensboro, NC 27409

Revenue Cycle Management  
D210469N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Management  
D224727N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D124431N1  
PO Box 9356  
Burlington VT 05407

Revenue Cycle Mgmt.  
D125820N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D127875N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D185042N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D191289N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D207556N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D211735N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt.  
D231183N1  
PO Box 9356  
S. Burlington VT 05407

Revenue Cycle Mgmt. Corp.  
1870/7238  
PO B0x 9356  
South Burlington VT 05407-93

Rubin & Rothman  
2691  
PO Box 9003  
Islandia NY 11749

Vision FInancial Group  
14531331  
PO Box 460260  
St. Louis MO 63146-7260

WFNNB/Newport News

PO BO 182789  
Columbus OH 43218



Form B22A (Chapter 7) (04/13)

Blumberg &amp; Law, P.C., Publisher, NYC 10013

According to the calculations required by this statement:  
(check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

In re: Parrotte, Todd V.  
 Parrotte, Patricia A.

Debtor(s) Case Number:

(If known)

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual Chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by §707(b)(2)(C).

### Part I. MILITARY AND NON-CONSUMER DEBTORS

1A	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the "Presumption does not arise" box at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. §3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. §101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).</p>
1B	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
1C	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <p style="padding-left: 40px;"><input type="checkbox"/> I remain on active duty /or/</p> <p style="padding-left: 40px;"><input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed;</p> <p style="padding-left: 40px;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/</p> <p style="padding-left: 40px;"><input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p>





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## Part II. CALCULATION OF MONTHLY INCOME FOR §707(B)(7) EXCLUSION

2		<p><b>Marital / filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of §707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b></p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11</b></p> <p>d. <input checked="" type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b></p> <p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>	<b>Column A Debtor's Income</b>	<b>Column B Spouse's Income</b>												
3		<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>	\$ 3,805.36	\$ 0.00												
4		<p><b>Income from the operation of a business, profession, or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td><td style="width: 40%;">Gross receipts</td><td style="width: 15%;">\$ 0.00</td><td style="width: 40%;">0.00</td></tr> <tr> <td>b.</td><td>Ordinary and necessary business expenses</td><td>\$ 0.00</td><td>0.00</td></tr> <tr> <td>c.</td><td>Business income</td><td colspan="2">Subtract Line b from Line a</td></tr> </table>	a.	Gross receipts	\$ 0.00	0.00	b.	Ordinary and necessary business expenses	\$ 0.00	0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
a.	Gross receipts	\$ 0.00	0.00													
b.	Ordinary and necessary business expenses	\$ 0.00	0.00													
c.	Business income	Subtract Line b from Line a														
5		<p><b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td><td style="width: 40%;">Gross receipts</td><td style="width: 15%;">\$ 0.00</td><td style="width: 40%;">0.00</td></tr> <tr> <td>b.</td><td>Ordinary and necessary business expenses</td><td>\$ 0.00</td><td>0.00</td></tr> <tr> <td>c.</td><td>Business income</td><td colspan="2">Subtract Line b from Line a</td></tr> </table>	a.	Gross receipts	\$ 0.00	0.00	b.	Ordinary and necessary business expenses	\$ 0.00	0.00	c.	Business income	Subtract Line b from Line a		\$ 0.00	\$ 0.00
a.	Gross receipts	\$ 0.00	0.00													
b.	Ordinary and necessary business expenses	\$ 0.00	0.00													
c.	Business income	Subtract Line b from Line a														
6		<b>Interest, dividends, and royalties.</b>	\$ 0.00	\$ 0.00												
7		<b>Pension and retirement income.</b>	\$ 0.00	\$ 0.00												
8		<p><b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.</p>	\$ 0.00	\$ 0.00												



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9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ 0.00	
			\$ 0.00	\$ 0.00

10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.			
	Total and enter on Line 10		\$ 0.00	\$ 0.00

11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 3,805.36	\$ 0.00
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12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 3,805.36	
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### Part III. APPLICATION OF § 707(b)(7) EXCLUSION

13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 45,664.32
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)  a. Enter debtor's state of residence: New York      b. Enter debtor's household size: 3	\$ 71,179.00
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The Presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.	

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

### Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	<b>Enter the amount from Line 12.</b>	\$ NA
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.	\$ NA
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$ NA



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## Part V. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2)

### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

<b>19A</b>	<b>National Standards: food, clothing, and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust">www.usdoj.gov/ust</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ NA																								
<b>19B</b>	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Outof-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Outof-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$ NA																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3">Household members under 65 years of age</th><th colspan="3">Household members 65 years of age or older</th></tr> <tr> <td style="width: 5%; text-align: center;"><b>a1.</b></td><td style="width: 40%;">Allowance per member</td><td style="width: 15%; text-align: center;">60</td><td style="width: 5%; text-align: center;"><b>a2.</b></td><td style="width: 40%;">Allowance per member</td><td style="width: 15%; text-align: center;">0</td></tr> <tr> <td style="text-align: center;"><b>b1.</b></td><td>Number of members</td><td style="text-align: center;">0</td><td style="text-align: center;"><b>b2.</b></td><td>Number of members</td><td style="text-align: center;">0</td></tr> <tr> <td style="text-align: center;"><b>c1.</b></td><td>Subtotal</td><td style="text-align: center;">0</td><td style="text-align: center;"><b>c2.</b></td><td>Subtotal</td><td style="text-align: center;">0</td></tr> </table>			Household members under 65 years of age			Household members 65 years of age or older			<b>a1.</b>	Allowance per member	60	<b>a2.</b>	Allowance per member	0	<b>b1.</b>	Number of members	0	<b>b2.</b>	Number of members	0	<b>c1.</b>	Subtotal	0	<b>c2.</b>	Subtotal	0
Household members under 65 years of age			Household members 65 years of age or older																							
<b>a1.</b>	Allowance per member	60	<b>a2.</b>	Allowance per member	0																					
<b>b1.</b>	Number of members	0	<b>b2.</b>	Number of members	0																					
<b>c1.</b>	Subtotal	0	<b>c2.</b>	Subtotal	0																					
<b>20A</b>	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$ NA																								

<b>20B</b>	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>	\$ NA									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><b>a.</b></td><td style="width: 55%;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 40%; text-align: right;">\$ 1,055.00</td></tr> <tr> <td style="text-align: center;"><b>b.</b></td><td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;"><b>c.</b></td><td>Net mortgage/rental expense</td><td style="text-align: right;">Subtract Line b from Line a.</td></tr> </table>			<b>a.</b>	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,055.00	<b>b.</b>	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00	<b>c.</b>	Net mortgage/rental expense	Subtract Line b from Line a.
<b>a.</b>	IRS Housing and Utilities Standards; mortgage/rental expense	\$ 1,055.00									
<b>b.</b>	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$ 0.00									
<b>c.</b>	Net mortgage/rental expense	Subtract Line b from Line a.									

<b>21</b>	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$ NA
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22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b>                      You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.                      Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input checked="" type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ NA									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$ NA									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input checked="" type="checkbox"/> 2 or more</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23.  <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 55%;">IRS Transportation Standards, Ownership Costs, First Car</td><td style="width: 40%; text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$ NA
a.	IRS Transportation Standards, Ownership Costs, First Car	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 23.                      Enter, in Line a below, the "Ownership Costs" for one car from the IRS Transportation Standards, Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 55%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 40%; text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: right;">\$ 0.00</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: right;">Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$ 0.00	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ NA
a.	IRS Transportation Standards, Ownership Costs	\$ 0.00									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$ 0.00									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes.  <b>Do not include real estate or sales taxes.</b></p>	\$ NA									
26	<p><b>Other Necessary Expenses: mandatory payroll deductions.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs.  <b>Do not include discretionary amounts, such as non-mandatory 401(k) contributions.</b></p>	\$ NA									
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$ NA									
28	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to court order, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 44.</b></p>	\$ NA									
29	<p><b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b>                      Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.</p>	\$ NA									



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30	<b>Other Necessary Expenses: childcare.</b> Enter the average monthly amount that you actually expend on childcare-such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$	NA
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$	NA
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$	NA
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$	NA

**Subpart B: Additional Living Expense Deductions**  
**Note: Do not include any expenses that you have listed in Lines 19-32**

34	<b>Health Insurance, Disability Insurance and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.		\$	NA	
	a.	Health Insurance			\$ 0.00
	b.	Disability Insurance			\$ 0.00
	c.	Health Savings Account			\$ 0.00
	Total and enter on Line 34 <b>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below.</b> \$ _____				

35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses	\$	NA
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	NA
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$	NA

38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$	NA
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*\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

39	<b>Additional food and clothing expenses</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$	NA
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40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. §170(c)(1)-(2).	\$	NA
41	<b>Total Additional Expense Deductions under §707(b).</b> Enter the total of Lines 34 through 40	\$	NA



Form B22A (Chapter 7) (04/13)

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**Subpart C: Deductions for Debt Payment**

42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.	\$	NA												
43	<b>Other payments on secured claims.</b> If any of the debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deductions 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.	\$	NA												
44	<b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b>	\$	NA												
45	<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under Chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense. <table border="1"> <tr> <td>a.</td> <td>Projected average monthly Chapter 13 plan payment.</td> <td>\$</td> <td>0 . 0 0</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td>X</td> <td>8 . 3 0</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td colspan="2">Total: Multiply Lines a and b</td> </tr> </table>	a.	Projected average monthly Chapter 13 plan payment.	\$	0 . 0 0	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X	8 . 3 0	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b		\$	NA
a.	Projected average monthly Chapter 13 plan payment.	\$	0 . 0 0												
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	X	8 . 3 0												
c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b													
46	<b>Total Deductions For Debt Payment.</b> Enter the total of Lines 42 through 45.	\$	NA												
<b>Subpart D: Total Deductions from Income</b>															
47	<b>Total of all deductions allowed under §707(b)(2).</b> Enter the total of Lines 33, 41, and 46.	\$	NA												

**Part VI. DETERMINATION OF §707(b)(2) PRESUMPTION**

48	<b>Enter the amount from Line 18 (Current monthly income for §707(b)(2))</b>	\$	NA
49	<b>Enter the amount from Line 47 (Total of all deductions allowed under §707(b)(2))</b>	\$	NA
50	<b>Monthly disposable income under §707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result.	\$	NA
51	<b>60-month disposable income under §707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.	\$	NA
52	<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <div> <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI. </div> <div> <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*.</b> Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI. </div> <div> <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55). </div>		

\*Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



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53	Enter the amount of your total non-priority unsecured debt	\$ NA
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$ NA
55	<p><b>Secondary presumption determination.</b> Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for "The Presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The Presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>	

### Part VII: ADDITIONAL EXPENSE CLAIMS

56	<p><b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under §707 (b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p>	\$ 0.00
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### Part VIII: VERIFICATION

57	<p>I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)</p> <p>Date: <u>07/22/2014</u> Signature: <u>/s/ Todd V. Parrotte</u> (Debtor)</p> <p>Date: <u>07/22/2014</u> Signature: _____ (Joint Debtor, if any)</p>	
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